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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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12 AUG -1 AM 11: 43

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing er the lines.	, type 1	2FE4M5	
Friends of Mazie Hiron	0			1 1 1 1		
ADDRESS (number and street)	P.O. Box 677					
Check if different than previously reported. (ACC)	Honolulu				HI 96809	<u></u>
2. FEC IDENTIFICATION NU C C00420760	_	CITY A. IS THIS REPORT	× NEW (N)	STA OR	AMENDED (A)	ZIP CODE STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)		(b) 12-Day PRE-Election Report for the: X Primary (12P) General (12G) Convention (12C) Special (12S)				Runoff (12R)
		Election on	M M /	0 0 · / Y	y y y 2012	in the HI State of
		(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) N M / D D / Y Y Y Y Election on				Special (30S) in the State of
5. Covering Period 07	01 ×	ž012	through	м м / 07	э	y y v 2012
I certify that I have examined this Type or Print Name of Treasurer Signature of Treasurer Carol	Carol Puette	best of my kn	owledge and be	lief it is true, o		plete.
NOTE: Submission of false, erroned Office Use Only		ormation may s	subject the perso	 ,	FI	nalties of 2 U.S.C. §437g. EC FORM 3 Revised 02/2003)